The Shrewsbury and Telford Hospital **NHS**

NHS Trust

Summary and Recommendations

Business Continuity Policy and Strategy Document

The Policy and Strategy document has been developed to assist in the implementation process by providing an organisational framework which will increase NHS resilience and build on the work carried out to meet the legal requirements placed on the Trust in the Civil Contingencies Act 2004 and Regulations 2005.

It also confirms the Trust's commitment to be compliant with the British Standard NHS 25999 at the earliest opportunity and the use of the Publicly Available Specification (PAS) 2015:2010. This is designed to bring together the different strands of resilience planning within the NHS to create a framework that supports the organisations efforts to become more resilient.

The aim of this business continuity policy and strategy document is to provide a clearly defined framework to ensure the resilience and continuation of the Trust's critical activities and dependencies, as well as that of our suppliers and supply chain.

It is the intention of the Trust to embed business continuity planning into the culture of the organisation by following the Business Continuity Lifecycle model in BS NHS 25999.

The Policy and Strategy owner is the Director of Operations.

Section 1 - Policy:
Deals with the purpose of Trust policy and sets out the roles and responsibilities from the Chief Executive down to Managers and Services Heads. It introduces and explains the Integrated Emergency Management Model (IEM) i.e.

- **Anticipate**: (Horizon Scanning: Business Planning and Performance) and Change Management from Publicly Available Specification (PAS 2015:2010).

- **Assess:** (Governance, Risk Management, Infrastructure and commissioning) Sub section identifies what the Trust needs to do; to demonstrate resilience and includes organisation **infrastructure risk assessment**, which is particularly **important as the Trust goes through reorganisation.**

This part of the document also covers service Business Impact Assessments (BIA). However, where there are complexities and interdependences of cross-cutting issues which affect more than one service area and involve relationships with stakeholders; these should be looked at and assessed by a **newly created Trust Business Continuity Group.**

We already know that Commissioners will seek providers' commitment to resilience, standards and specification, by possibly including (BS NHS 25999) and (PAS 2015: 2010) as indicated in the PAS document. The **Trust Policy and Strategy document welcomes early discussions with commissioners' in the contracting round** and in working collaboratively with resilience leads; (as per PAS 2015: 2010)

- **Prevent:** (Business Continuity Management System, Supply Chain)

This part covers the definition of prevent, Business Continuity Management (BCM), Supply chain of products and services, including **criticality, alternative provision, legal/regulatory issues and shelf life.**

- **Prepare:** (Proactive Culture, Interdependent Relationships, Exercise and Training)

The document demonstrates how the Trust can have a proactive culture and how to build relationships with stakeholders.

Training and exercising (a **training needs assessment** to identify the staff training is required) followed by a development and implementation programme. (Emergency Planning Advisor and Workforce Development).

This subsection also covers the types of training and exercises required and frequency; it is important that those with resilience responsibilities are appropriately trained. The required qualifications for staff with primary responsibilities for emergency planning i.e. the **Emergency Planner**; is a **diploma or other academic achievement** in emergency planning and response. (PAS2015: 2010)

- **Respond:** (Skill Set and Communications)

Areas covered in this sub section are; ensuring an appropriate skill set within the Trust to respond to incidents, which should be clearly established and documented to ensure a 24-7 response.

Training needs are well **rehearsed command and control** whilst maintaining training and briefing programmes for staff and stakeholders.

Communications; covers legal requirements, media protocols and contents of communications plan.

- **Recovery** (Recovery should start as soon as possible, to ensure services are restored as soon as possible)

Command and Control/Coordination:
This covers the incident management principles and responsibilities of the three levels, Strategic, Tactical and (Operational). The Command and Control System **must be sustainable and able to operate 24 hours a day, 7 days a week**.

Section 2 - Scope:
This section covers Business Continuity systems, limitations and unforeseen risk. The objectives of policy/strategy and review; the categories and levels of incident with examples of possible incidents.
Changing situation and assessment of Risk **(Dynamic Risk Assessment) (DRA**).

Section 3 - Reporting and Declaring Emergency and Disruptive Incidents:
This section covers emergency callout numbers, levels of disruption, how to access key contacts lists and notification flow chart.

Section 4 - Service Continuity through the Organisation:
This section covers management of threats and hazards, testing of plans and resilience preparation;

The **Director of Operations** is responsible for the **development and implementation** of BCM policy and Strategy.

Each **Director and Service Manager** will identify the **critical and essential services** of the Trust at corporate and clinical/ service levels of the organisation. Complex crosscutting interdependency issues should be passed to the **Business Continuity Group**.

Each **Clinical Business Centre Manager** or delegated manager will complete the **risk analysis and business impact analysis** defining major risks of disruption to services and the risks of major disruption to services from possible events. (Complex issues as above).

All **plans** should be completed in the **BS NHS 25999 format** this will be done in a stepped process with advice from the Emergency Planning Advisor.

In addition to the above, the Emergency Planning Advisor has produced the following documents to assist in the process.
- Business Continuity Frequently asked Questions
- Preparation of BS NHS25999 Business Continuity Plans

Section 5 - Business Impact Analysis:
This section deals with exercises, lessons learnt, hazard identification and annual reviews.

Section 6 - Minimising Risk:
This section outlines the benefits of risk management and gives an example.

Section 7 - Recovery:
This section covers recovery procedures/recovery phase, command and control centres, communications, i.e. telecommunications, media liaison, staff briefing, public information and organisational briefings.

Section 8 - Estates:
This section deals with relocation of staff, equipment and inventories, information technology, transport, financial insurance and legal matters, human resources and staff counselling.

Section 9 - Salvage Operations:
This section deals with prioritisation of salvage such, as key documents and equipment etc. An **Executive Director and Senior Manager** will have designated responsibility for overseeing any salvage matters. Salvage must be started at the earliest opportunity;

Section 10 - Plans
This section deals the testing and updating of plans, scenario exercise testing, and frequency and reviews etc.

Section 11
Deals with Stand Down procedures;

Section 12
Deals with Glossary terms and Abbreviations;

Section 13 - Emergency and Business Continuity Management

This section covers plan invocation and responsible person through the different incident phases.

Section 14

This section contains Decision and Action Cards.

Section 15

This section contains organisation service continuity check list.

Policy and Strategy Implementation Recommendations/Actions:

REF. No.	RECOMMENDATION/ACTION
1	The creation of a new **Business Continuity Group** to look at and assess complex cross-cutting and interdependency chains across the organisation
2	To have an agreed **Mission Statement** (as per guidance and specification)
3	To conduct a **training needs assessment** and develop a training and implementation programme from results; (Emergency Planning Advisor with Workforce Development)
4	As well as the Executive Director; there is a need to identify a **Non Executive Director** to have the Resilience reference (to comply with guidance and specification)
5	To have **early discussions with commissioners** in the next commissioning, ensuring collaborative working with resilience leads. This is detailed in (PAS 2015:2010)
6	To develop a stepped work programme with targets, milestones and reviews, aimed at working towards compliance with BS NHS 25999 and meeting the Publicly Available Specification (PAS2015:2010) (Emergency Planning Advisor with Workforce Development)
7	Business Continuity/Resilience should be in **Job Descriptions**
8	Resilience should be an integral part of board business and a **consideration on all board papers**
9	To engage in discussions with the British Standards Institute to clarify programme of work to demonstrate compliance and the procedure for gaining certification in the process
10	To develop a good practice resilience model within the Trust

To fully embed business continuity in a stepped process throughout the Trust will take time, and a work and implementation programme will need commitment to the process from Management and Staff at all levels.

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